



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

<b>DOCKET NO:</b> H-02	<b>BOARD MEETING:</b> August 16, 2011	<b>PROJECT NO:</b> 11-019	<b>PROJECT COST:</b> Original: \$202,301,558 Current:
<b>FACILITY NAME:</b> Advocate Christ Medical Center		<b>CITY:</b> Oak Lawn	
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA:</b> VII

**DESCRIPTION:** The applicants (Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center) are proposing to establish a nine story building in Oak Lawn. The proposed facility will house ambulatory care services, multidisciplinary institutes, and various non-clinical services. The total cost of the project is \$202,301,558.



## EXECUTIVE SUMMARY

### PROJECT DESCRIPTION:

The applicants are proposing to establish a 9-story ambulatory care pavilion containing 308,334 GSF of newly constructed/modernized space. Advocate Christ Medical Center (Medical Center) is part of Advocate Health Care. The Medical Center is a 695-bed teaching institution and a Level 1 trauma center. The Christ Medical Center campus includes Hope Children's Hospital. The Children's Hospital is a 106-bed facility that includes a Level III neonatal intensive care unit. The total cost of the project is \$202,301,558. **The anticipated project completion date is December 31, 2014.**

### WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are before the State Board because the applicants are proposing a project in excess of the capital expenditure minimum of \$11,885,440.

### PURPOSE OF THE PROJECT:

- The purpose of the project is to improve the health care and the well-being of the area population through the provision of increasingly complex ambulatory care in a safe, convenient, comfortable, less costly setting. The applicants claim that the most pressing issue facing the medical center today is a profound lack of space on the medical center's campus. This project will add 306,993 GSF of new construction and 1,341 GSF of modernized space to the campus to address a portion of this space deficit and will allow the medical center to respond to the anticipated changes in health care.

### NEED

- No addition or reduction of beds or categories of services are being proposed by this project. There are no new ambulatory services being proposed. Instead, the applicants are proposing to add space to expand existing ambulatory care services at the medical center. Ambulatory functions to be expanded and modernized include surgery, endoscopy, Phase I and Phase II recovery, cast room, congestive heart failure clinic, fetal diagnostics, infusion therapy, neurodiagnostics, non-invasive cardiology, pain management, pre-admission testing, pulmonary function, radiology/fluoroscopy, mammography, ultrasound, CT/PET CT, MRI, nuclear medicine, laboratory, pharmacy, outpatient and cardiac rehabilitation. The number of rooms and GSF for each service in new construction is based on historical and current utilization and compound annual growth rates to 2016 (the second year after project completion). Because of the severe lack of space for ambulatory services on the medical center's campus today, current volume in many of the proposed services has been restricted; the applicants note that future volumes using these methodologies are very conservative. The applicants considered the possible implications of National Health Care Reform but did not factor them into the 2016 volumes.



**PUBLIC HEARING/COMMENT**

- No public hearing was requested and no letters of opposition were received by the State Agency. Fifty four letters of support were included in the application for permit and the Appendix and the State Agency received one letter of support.

**BACKGROUND/COMPLIANCE ISSUES:**

- The State Agency notes the applicants are compliant with all reporting requirements and for past projects and clinical data.

**FINANCIAL AND ECONOMIC FEASIBILITY:**

- The applicants note the project will be funded through cash and securities totaling \$66,918,722, and project-related bond issuances totaling \$135,382,836. In the application, the applicants provided proof of its A-Bond Rating from Fitch Ratings and Standard & Poor's Rating services.

**CONCLUSIONS:**

- The modernization and expansion of the ambulatory care service appears reasonable given the historical utilization of these services. The need to expand the physical plant to alleviate the documented congestion of both inpatient and outpatient services appears warranted. Of the alternatives considered; building a new hospital in the Orland Park area, expanding off campus outpatient facilities, constructing a new bed tower on the Oak Lawn campus, or pursuing a joint venture, the alternative selected appears to address the overcrowding on the campus. The applicants are financial viable as evidenced by their A bond rating and it appears they have sufficient cash to fund the cash portion of the project as evidenced by over \$500 million in cash and short term securities as of December 31, 2010, the most recent data available to the State Board.

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
1110.234 (a) Size of Project	The applicants exceeded the spatial allowance for Phase I Recovery Stations (33), by 4,311 GSF (See Table Nine). <b>The State Agency Notes</b> the applicants provided documentation that stated because of changes in the Hospital Licensure Code of March 2011 additional space is being required for Phase I Recovery Stations to accommodate visitors for all Phase I Recovery Patients and an additional staff person.



**STATE AGENCY REPORT**  
**Advocate Christ Medical Center-Ambulatory Pavilion**  
**PROJECT #11-019**

APPLICATION SUMMARY	
Applicants	Advocate HealthCare Network Advocate Health & Hospitals Corporation d/b/a Advocate Christ Medical Center
Facility Name	Advocate Christ Medical Center-Ambulatory Care Pavilion
Location	Oak Lawn
Application Received	May 16, 2011
Application Deemed Complete	May 17, 2011
Scheduled Review Period Ended	July 16, 2011
Review Period Extended by the State Agency	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Can Applicants Request Another Deferral?	Yes
Applicants s' Modified the Project	No

**I. The Proposed Project**

The applicants are proposing the establishment of a building in Oak Lawn, Illinois. The proposed 9-story facility will contain 308,334 GSF of space, and operate as an "ambulatory services pavilion". The total project cost is \$202,301,558.

**II. Summary of Findings**

- A. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1120.

**III. General Information**

The applicants are Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center. Advocate Christ Medical Center is the operating entity/licensee. The proposed building will be located at 4440 West 95<sup>th</sup> street, Oak Lawn, on the campus of Advocate Christ Medical Center, which is in HSA VII and in the A-04 health planning area.



Planning Area A-04 includes the southern section of suburban Cook County in Illinois, and encompasses the cities of Hazel Crest, Oak Forest, Olympia Fields and Oak Lawn. There are 9 additional acute care hospitals located in the A-04 planning area (See Table One). **The July 2011 Update to the Inventory of Health Care Facilities and Services and Need Determination shows an excess of 503 medical surgical/pediatric beds, a need for 21 intensive care beds, and a excess of 36 obstetric beds in the A-04 planning area.** This project does not propose the addition of beds or categories of service.

TABLE ONE Hospitals in the A-04 Planning Area, Number of Beds and Utilization Percentages							
NAME/CITY	Med/Surg	Peds	ICU	OB/Gyn	Neonatal	AMI	Rehab
	Beds/Occ.	Beds/Occ	Beds/Occ	Beds/Occ	Beds/Occ	Beds/Occ	Beds/Occ
Advocate Christ Medical Ctr. Oak Lawn	378/88.5%	45/87.3%	103/ 89.5%	39/83.3%	37/96.5%	56/50.3%	37-89.6%
Advocate South Suburban Hosp. Hazel Crest	207/55.8%	N/A	20/74%	16/60.4%	N/A	N/A	N/A
Ingalls Memorial Hospital Harvey	355/44.7%	49/4.6%	26/65%	32/65.8%	N/A	48/39.4%	53/67.4%
LaGrange Memorial Hospital LaGrange	165/48.4%	N/A	27/94.6%	13/42.9%	N/A	N/A	N/A
Little Company of Mary Hospital Evergreen Park	208/68%	20/16.8%	29/72.9%	17/94.2%	N/A	24/49.1%	N/A
Oak Forest Hospital Oak Forest*	137/29.6%	N/A	8/60.9%	N/A	N/A	N/A	58/21.2%
Palos Community Hospital Palos Heights	306/65.9%	15/19.9%	36/43%	28/38.3%	N/A	48/33.9%	N/A
RML Health Providers LP Hinsdale	Long Term Acute Care Hospital containing 115 LTC beds						
St. Francis Hospital Blue Island	319/31%	6/9.3%	28/86.5%	30/44.2%	N/A	N/A	N/A
St. James Hospital Olympia Fields	139/74.7%	N/A	25/65.9%	N/A	N/A	N/A	N/A
St. James Hospital Chicago Heights	230/50.9%	10/42%	20/60.6%	22/40.7%	N/A	N/A	30/56.6%
Shaded boxes indicate service that does not meet IDPH occupancy target.							
*Oak Forest Hospital currently has CON filed for discontinuation.							
Information taken from IDPH CY 2009 Questionnaire							

No land was acquired for this project. Per 77 IAC 1110.40 this is a non-substantive project subject to both a Part 1110 and Part 1120 review. Project obligation will occur after permit issuance. The anticipated project completion date is December 31, 2014.

### Summary of Support and Opposition Comments



A public hearing was offered on this project; however, no hearing was requested. The State Agency has received one letter of support and no letters of opposition for this project. In addition 23 letters of support were included in the application for permit from State Representatives and Senators, police and fire chiefs, EMS and ambulance coordinators, and mayors. An additional letters were from clinical leaders at the Medical Center. These individuals all spoke urging the State Board to approve the expansion of ambulatory care that will improve access for all and better able to meet new health care reforms. These letters can be found on pages 21-46 of the application for permit and pages 365-396 of the Appendix.

**Mark D. Nelson, Lawyer** stated *The Ambulatory Pavilion is a considerable investment, one that Advocate Christ Medical Center, Hope Children's Hospital, and Advocate Health are committed to making because it is vital to meeting the community's health care needs. I urge the Board to approve the Ambulatory Pavilion.*

Table Two outlines the average length of stay ("ALOS"), average daily census ("ADC") and utilization for the applicants' facility for and CY 2009. Table Three outlines the number of patients by payor source and the percentage to the total by inpatient and outpatient and Table Four outlines the amount of revenue by payor source and the percentage by inpatient and outpatient. This information is furnished by the applicants in response to the 2009 Illinois Department of Public Health's ("IDPH") Annual Hospital Questionnaire. Payor source information is provided at the end of this report as the CY 2009 Hospital profile for Advocate Christ Medical Center, Oak Lawn.

TABLE TWO Advocate Christ Medical Center Oak Lawn 2009 Utilization								
Service	Auth. Beds	Adm.	Patient Days	ALOS	ADC	Occ. %	Target Occupancy	Met Target Occupancy ?
M/S	378	24,287	118,935	5.0	333	88.1	88%	Yes
Pediatric	45	3,832	13,201	3.7	39.3	87.3%	75%	Yes
ICU	103	6,366	33,646	5.3	92.2	89.5%	60%	Yes
OB/GYN	39	4,521	11,778	2.6	32.5	83.3%	78%	Yes
Neonatal	37	644	13,034	20.2	35.7	96.5%	75%	Yes
AMI	56	1,642	10,287	6.3	28.2	50.3%	85%	No
Rehab	37	857	12,096	14.1	33.1	89.6%	85%	Yes
<b>Total</b>	<b>695</b>	<b>42,149</b>	<b>212,977</b>					
Source: IDPH 2009 Hospital Questionnaire								



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**TABLE THREE**

**Advocate Christ Medical Center - Oak Lawn <sup>(1)</sup>**

Payment Source	Inpatient		Outpatient		Total	
	Number of Patients	Percentage	Number of Patients	Percentage	Number of Patients	Percentage
Medicare	14,357	35.4%	72,286	20.5%	86,643	22%
Medicaid	7,969	19.6%	76,306	21.7%	84,275	21.5%
Other Public	0	0.0%	0	0.0%	0	0.0%
Other Insurance	16,353	40.3%	174,836	49.7%	191,189	48.7%
Private Pay	1,561	3.8%	27,516	7.8%	29,077	7.4%
Charity Care	360	0.9%	1,069	0.3%	1,429	.3%
<b>Total</b>	<b>40,600</b>	<b>100%</b>	<b>352,013</b>	<b>100%</b>	<b>392,613</b>	<b>100%</b>

1. Information taken from 2009 Annual Hospital Questionnaire

**TABLE FOUR**

**Advocate Christ Medical Center Payment Source by Net Revenue <sup>(1)</sup>**

Payment Source	Inpatient		Outpatient		Total	
	Revenue	Percentage	Revenue	Percentage	Revenue	Percentage
Medicare	\$208,219,465	31.5%	\$27,348,075	13.0%	\$235,567,540	27%
Medicaid	\$75,262,244	11.4%	\$5,823,286	2.8%	\$81,085,530	9.3%
Other Public	\$0	0.0%	\$0	0.0%	\$0	0.0%
Other Insurance	\$299,184,247	45.2%	\$143,930,621	68.6%	\$443,114,868	50.8%
Private Pay	\$78,934,547	11.9%	\$32,775,515	15.6%	\$111,710,062	12.8%
<b>Total</b>	<b>\$661,600,503</b>	<b>100%</b>	<b>\$209,877,497</b>	<b>100%</b>	<b>\$871,478,000</b>	<b>100%</b>
Charity Care Expense <sup>(2)</sup>	\$7,731,100	1.1%	\$1,397,900	.6%	\$9,129,000	1.0%

1. Information taken from 2009 IDPH Hospital Questionnaire

2. Charity Care Expense total shown as a percentage of Total Net Revenue

## IV. The Proposed Project - Details

The applicants are proposing to construct a nine story building in Oak Lawn, on the campus of Advocate Christ Medical Center. The 9-story, 308,334 GSF building will consist of 306,993 GSF of new construction and 1,341 GSF of





modernized space. The new building will house its ambulatory care services, multidisciplinary institutes, and other non-clinical space and will be connected to the hospital by a connector.

- The **ground level** will be for the entrance and lobby, registration, education resource center, café, women's services, fetal diagnostic, central sterile processing and supply, material management and environmental services and mechanical space.
- The **first level** will contain pre-admission testing, laboratory, pulmonary function testing, general radiology and fluoroscopy, ultrasound, and shell space.
- **Level 2** will contain endoscopy, phase II recovery, mammography, electronic medical records support and retail pharmacy.
- **Level 3** will contain surgery and phase I recovery.
- **Level 4** will be mechanical space.
- **Level 5** will be for CT, PET/CT MRI and nuclear medicine.
- **Level 6** will contain the Heart and Vascular Institute including non invasive cardiology, Congestive Heart Failure Clinic, cardiac rehabilitation, and advanced heart failure/VAD/Transplant clinic.
- **Level 7** contains the Neuroscience Institute including neurodiagnostics, pain management center, outpatient therapy, and neuro medical clinic.
- **Level 8** will be for the Cancer Institute including infusion therapy, satellite pharmacy, Cancer MD Clinic and research.
- The cooling towers will be located on the **ninth** level

The applicants state the proposed facility will meet the growing need for an outpatient service facility on its campus, which provides outpatient care for approximately 350,000 visits annually. The Medical Center's onsite campus cares for approximately 85% of these visits. Currently, these services are co-mingled with inpatient services, and are often squeezed into spaces not originally designed for the provision of clinical modalities, resulting in delays and unnecessary rescheduling.

#### V. Project Costs and Sources of Funds

The proposed project is being funded with cash and securities of \$66,918,722, and Bond Issuances totaling \$135,382,836. Table Five outlines the project's uses and sources of funds. The State Agency notes the project has both clinical and non-clinical components.





TABLE FIVE Project Uses and Sources of Funds			
Uses of Funds	Clinical	Non Clinical	Total
Preplanning Costs	\$862,500	\$862,500	\$1,725,000
Site Survey/Soil Investigation	\$61,500	\$61,500	\$123,000
Site Preparation	\$640,000	\$640,000	\$1,280,000
Off Site Work	\$2,200,150	\$2,200,150	\$4,400,300
New Construction Contracts	\$57,513,723	\$44,301,102	\$101,814,825
Modernization Contracts	\$0	\$195,211	\$195,211
Contingencies	\$5,381,600	\$4,228,400	\$9,610,000
A & E Fees	\$2,873,360	\$2,257,640	\$5,131,000
Consulting and Other Fees	\$2,673,048	\$2,100,252	\$4,773,300
Movable or Other Equipment	\$48,000,000	\$980,000	\$48,980,000
Bond Issuance Expense	\$1,184,600	\$507,686	\$1,692,285
Net Interest Expense	\$7,892,946	\$3,382,691	\$11,275,637
Other Costs to be Capitalized	\$6,328,560	\$4,972,440	\$11,301,000
<b>TOTALS</b>	<b>\$135,611,986</b>	<b>\$66,689,572</b>	<b>\$202,301,558</b>
Sources of Funds			
Cash and Securities			\$66,918,722
Mortgages			\$135,382,836
<b>TOTALS</b>	<b>\$135,611,986</b>	<b>\$66,689,572</b>	<b>\$202,301,836</b>

## VI. Cost/Space Requirements

Table Six displays the project's cost/space requirements for the clinical and non clinical portions of the project.

TABLE SIX Cost Space Requirements							
Departments	Cost	Existing GSF	Proposed Total GSF	New	Mod.	As Is	Vacated
Clinical							
Surgery/Recovery	\$56,777,342	79,952	142,753	63,592	0	79,161	791
Central Sterile Supply	\$5,792,271	14,996	22,784	7,788	0	14,996	0
Ambulatory Care Services.	\$13,834,363	14,681	36,644	27,381	0	9,263	5,418



TABLE SIX							
Cost Space Requirements							
Departments	Cost	Existing GSF	Proposed Total GSF	New	Mod.	As Is	Vacated
Diagnostic & Interventional Radiology	\$50,613,976	36,589	74,726	38,137	0	36,589	0
Laboratory	\$728,670	22,447	23,809	1,362	0	22,447	0
Pharmacy, Satellite	\$830,257	0	1,537	1,537	0	0	0
Outpatient Rehab	\$4,627,290	9,600	19,343	9,743	0	9,600	0
Cardiac Rehab	\$2,407,817	1,482	6,446	4,964	0	1,482	0
<b>Total Reviewable</b>	<b>\$135,611,986</b>	<b>179,748</b>	<b>328,043</b>	<b>154,504</b>	<b>0</b>	<b>173,539</b>	<b>6,209</b>
Non Clinical							
Multidisciplinary Physician's consultation offices	\$13,869,036	5,865	37,431	31,566	0	5,865	0
Lobby, Public Area, Resource Ctr. Winter Garden	\$6,280,869	9,700	22,826	13,126	0	9,700	0
Registration/Financial Counseling	\$1,510,062	5,458	3,470	3,470	0	0	5,458
Shelled Space	\$4,873,874	0	14,337	14,337	0	0	0
Administration	\$6,610,577	4,150	20,152	16,002	0	4,150	0
Research/Education	\$1,356,293	35,800	37,681	3,283	0	34,398	1,402
Electronic Medical Records Support	\$191,092	5,714	6,083	369	0	5,714	0
Materials/EVS	\$1,120,676	9,595	12,345	2,750	0	9,595	0
Circulation/Pneumatic System	\$9,897,023	0	23,789	23,789	0	0	0
Modernized Connectors	\$389,557	0	1,341	0	1,341	0	0
Lobby Café	\$425,257	2,855	3,774	919	0	2,855	0
Retail Pharmacy	\$373,430	0	807	807	0	0	0
Mechanical	\$19,791,826	301,775	343,846	42,071	0	301,775	0
<b>Total Non-Reviewable</b>	<b>\$66,689,572</b>	<b>380,912</b>	<b>527,882</b>	<b>152,489</b>	<b>1,341</b>	<b>374,052</b>	<b>6,860</b>
<b>Grand Total</b>	<b>\$202,301,558</b>	<b>560,660</b>	<b>855,925</b>	<b>306,993</b>	<b>1,341</b>	<b>547,591</b>	<b>13,069</b>

## VII. 1110.230 Project Background Purpose and Alternatives

### A. Criterion 1110.230(a) - Background of Applicants

The criterion reads as follows:



- "1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicants, HFPB shall consider whether adverse action has been taken against the applicants, or against any health care facility owned or operated by the applicants, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").**

The applicants are Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center. The applicants have provided the necessary documentation as required by the State Board rules. The applicants provided attestation that no adverse actions have been taken against their facilities owned and/or operated by the applicants during the three years prior to the filing of the application, and authorization permitting IHFSRB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted.

#### **Safety Net Impact/ Charity Care**

A safety net impact statement was provided as required. According to the applicants the expansion of ambulatory services will improve safety net impact by expanding capacity and improving access to those patients that have financial barriers to healthcare, special needs, or other limitations. According to the applicants the proposed ambulatory service expansion should not affect the facilities ability to cross subsidize other safety net services.

TABLE SEVEN			
Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2007	2008	2009



<b>TABLE SEVEN</b>			
<b>Safety Net Information per PA 96-0031</b>			
Inpatient	184	307	360
Outpatient	391	655	1,069
<b>Total</b>	<b>575</b>	<b>962</b>	<b>1,429</b>
<b>Charity (cost in dollars)</b>			
<b>Net Patient Revenue</b>	<b>\$774,188,000</b>	<b>\$829,112,000</b>	<b>\$871,478,000</b>
Inpatient	\$3,826,700	\$4,255,000	\$7,731,100
Outpatient	\$328,500	\$432,800	\$1,397,900
<b>Total</b>	<b>\$4,155,200</b>	<b>\$4,687,800</b>	<b>\$9,129,000</b>
<b>% of Total Charity Care Expense to Net Revenue</b>	<b>0.5%</b>	<b>0.6%</b>	<b>1.0%</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Inpatient	7,221	7,651	7,969
Outpatient	68,133	67,426	76,306
<b>Total</b>	<b>75,354</b>	<b>75,077</b>	<b>84,275</b>
<b>Medicaid (revenue)</b>			
<b>Net Patient Revenue</b>	<b>\$774,188,000</b>	<b>\$829,112,000</b>	<b>\$871,478,000</b>
Inpatient	\$95,669,000	\$99,445,000	\$75,262,244
Outpatient	\$9,208,000	\$5,874,000	\$5,823,286
<b>Total</b>	<b>\$104,877,000</b>	<b>\$105,319,000</b>	<b>\$81,085,530</b>
<b>% of Total Medicaid Revenue to Net Revenue</b>	<b>13.54%</b>	<b>12.70%</b>	<b>9.30%</b>

<b>TABLE EIGHT</b>			
<b>Advocate Christ Medical Center, Oak Lawn</b>			
<b>Charity Care</b>			
	<b>2007</b>	<b>2008</b>	<b>2009</b>
Net Patient Revenue	\$774,188,000	\$829,112,000	\$871,478,000
Amount of Charity Care (Charges)	\$15,579,000	\$20,599,000	\$32,556,000
Cost of Charity Care	\$4,155,200	\$4,687,800	\$9,129,000
Charity as % of Total Net Patient Revenue	0.5%	0.6%	1.0%

**B. Criterion 1110.230(b) - Purpose of the Project**

**The criterion states:**



**“The applicants shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicants shall define the planning area or market area, or other, per the applicants' definition.**

The applicants state the purpose of the project is to provide contemporary outpatient care for residents of Oak Lawn and surrounding communities. Advocate Christ Medical Center/Advocate Hope Children's Hospital (ACMC/AHCH), provided approximately 350,000 outpatient care visits in 2010, most of them in a hospital originally designed for inpatient services. As outpatient services developed, the applicants designated any space available to meet the growing need, resulting in disconnected service areas and a complex way for patients to find services. In addition to this disconnect, outpatients are often required to pass through inpatient areas share waiting rooms and hall spaces with acutely ill patients. The applicants supplied data pertaining to patient origins for both inpatients and outpatients at the medical center. These data show a strong correlation between inpatient and outpatient origins that attest to the complexity of the outpatient services at these medical centers. The applicants' service area includes more than 1,500,000 residents. This population has a high proportion of minority population and low income families than Illinois as a whole. The applicants note the proposed project will address existing space constraints by providing 308,334 GSF of new space for ambulatory services in one building, resulting in easier navigation, better infection control, and increased overall patient satisfaction.

**C. Criterion 1110.230(c) Alternatives to the Proposed Project**

**The criterion states:**

**“The applicants shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.”**

The applicants state that they considered the following alternatives:

- 1. Develop New Hospital on the Advocate Southwest Medical Campus in Tinley Park/Orland Park**



The applicants considered this option, and in December 2003, filed a certificate of need (CON) application for said project. The applicants felt the development of a new hospital in this area would represent a viable alternative setting option. The Illinois Health Facilities Planning Board denied this application, and suggested the applicants examine other alternatives, particularly the redevelopment of the Oak Lawn campus. The medical center accepted the Board's decision, and did not pursue this option. **Therefore, this option was rejected based on the State Board's ruling.**

2. **Develop Additional Offsite Neighborhood Outpatient Centers**

The applicants noted their pursuit of this alternative through the establishment of three new outpatient sites in Oak Lawn, Palos Heights, and Lockport and an older outpatient site in Tinley Park. This strategy proved successful in the interim, but failed to meet the long term objectives of relieving overcrowding at the Oak Lawn campus, centralizing tertiary care in an outpatient setting, and fostering the development of institutes to provide coordinated multidisciplinary care. **The cost for this alternative is \$6,950,000.**

3. **Utilize Other Health Care Resources or Joint Venture with Others**

ACMC/AHCH provides tertiary and quaternary clinical services and is a major teaching and research center. For example, it is a Level I Trauma Center, a Level III Perinatal Center, provides advanced adult and pediatric cardiac, oncology, neuroscience, and surgical services, to name a few. Referrals are seldom made from the medical center to other facilities due to its having specially trained staff and advanced technology to care for these patients that most other facilities do not. Therefore, the medical center's patients are unable to use other health care resources. The medical center considered joint ventures but rejected this option because the new ambulatory services building will be operated as part of the premises licensed under the Hospital Licensing Act. Consequently, a joint venture would need to involve a joint venture for the entire hospital which is not a feasible arrangement. Instead, of using other health care resources or joint venturing, the medical center is focused on a wide range of collaborative arrangements to enhance



access, improve the standard of care, and reduce cost.  
**There was no capital costs submitted with this alternative.**

4. **Redevelop the Existing Campus with an Inpatient Tower as Phase I.**

The Medical Center initiated a Master Facility Planning initiative that included this alternative. The plan included inpatient beds in addition to the proposed tertiary services, allowing inpatients and outpatients to co-mingle. It was at this time, the nation's economy faltered, and the desire to address the spatial needs was shadowed by the need to increase efficiency and conserve resources. The applicants subsequently rejected this alternative, noting that the addition of more beds to an already-stressed facility would be counterproductive, and would not address the need for expanded/centralized outpatient services successfully. **The applicants identified a cost of \$600,000,000 with this alternative.**

5. **Redevelop the Existing Campus with an Ambulatory Pavilion as Phase I.**

The applicants were initially skeptical, but quickly realized the benefits associated with the pursuit of this alternative. The applicants realized that this alternative would address not only providing contemporary space for an increasing volume of outpatients, but also provide space for multidisciplinary institutes, support professional education and research initiatives, reduce volume in the hospital inpatient departments, and enhance the infrastructure to support the growth of the medical staff. The new ambulatory building could be connected to the hospital permitting movement of patients, physicians, and other clinical support staff and technology between the two buildings. **Identified Cost of this Alternative is \$202,301,558.**

VIII. **Section 1110.234 Project Scope and Size, Utilization and Unfinished/Shell Space**

A. **Criterion 1110.234(a) - Size of Project**

The criterion states:





**"The applicants shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:**

- 1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;**
- 2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;**
- 3) The project involves the conversion of existing bed space that results in excess square footage."**

Table Nine illustrates a comparison of the project's proposed size to the applicable State standards. Only those clinical areas that are being constructed for which there are State Board standards are being reviewed.

TABLE NINE Size Standards					
Clinical Service Area	State Norm	Proposed Number of Beds	State Standard	Proposed GSF	Meets Standard
Surgery ORs	2,750/Room	40 OR Rooms	110,000	88,045	Yes
Surgery Procedure Rooms	1,100 DGSF/Room	11 rooms	12,100	11,798	Yes
Phase I Recovery (PACU)	180 DGSF/Recovery Station	33 Recovery Stations	5,940	10,251	No
Phase II Recovery (Prep/Recovery)	400DGSF/Station	82 Stations	32,800	32,659	Yes
General Radiology/Fluoroscopy	1,300 DGSF/Unit	18 Units	23,400	20,621	Yes
Mammography	900 DGSF/Unit	5 Units	4,500	1,426	Yes
Ultrasound	900 DGSF/Unit	18 Units	16,200	14,060	Yes
CT & PET/CT	1,800 dgsf/Unit	10 Units	18,000	16,761	Yes
MRI	1,800 DGSF/Unit	6 Units	10,800	10,674	Yes
Nuclear Med/Spect./CT	1,600 DGSF/Unit	7 Units	11,200	11,184	Yes
<b>Total</b>			244,940	217,479	

As seen in Table Nine, the applicants are in compliance with the State Board's current size standard for all services except Phase I Recovery (PACU). Because of this overage in Phase I Recovery, the State Agency has made a negative finding for this criterion. **The State Agency notes that 77 IAC 1110.234 a) 2) states 'If the project square feet is outside the Standard in Appendix B...the applicant shall submit documentation of one or more of the following:**



**Additional space is mandated by government or certification agency requirements that were not in existence when the Appendix B standards were adopted.”** The applicants note that changes in the Hospital Licensure Code effective March 2011 requires that additional space be provided for PACU or Phase I recovery stations.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE PROJECT SIZE CRITERION (77 IAC 1110.234(a)).**

**B. Criterion 1110.234 (b) - Project Services Utilization**

The criterion states:

**“This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicants shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B.”**

The applicants are projecting the occupancy figures illustrated in Table Ten by the second year after project completion (2016). The applicants note in comparison to the number of proposed rooms/units/visits outlined in Table 9, all services meet or exceed the utilization standards specified in Section 1110, Appendix B.

TABLE TEN			
Projected Services Utilization			
Dept. Service	Historical Utilization		Projected Utilization
	2009	2010	2016
Class C ORs	47,314 hrs	50,534 hrs	71,936 hrs
Surgical Procedure Rooms	11,274 hrs	13,273 hrs	21,056 hrs
Cast Room	4,624 visits	4,876 visits	6,223 visits
CHF Clinic	5,452 visits	5,831 Visits	27,254 hours
Fetal Diagnostics	15,607 visits	17,145 visits	23,974 visits
Infusion Center	12,533 visits	15,678 visits	56,970 hrs
Neurodiagnostics	4,113 visits	3,970 visits	4,242 visits
Non-Invasive Cardiology	10,488 visits	12,077 visits	15,142 visits
Pain Management Ctr.	4,522 visits	4,114 visits	4,658 visits
Pre Admission Testing	4,735 visits	4,949 visits	5,206 visits
Pulmonary Function	1,777 visits	1,774 visits	1,954 visits
Gen Radiology/	155,285 procedures	157,255 procedures	165,006 procedures



TABLE TEN			
Projected Services Utilization			
Dept. Service	Historical Utilization		Projected Utilization
	2009	2010	2016
Fluoroscopy			
Mammography	17,788 visits	17,732 visits	29,599 visits
Ultrasound	35,052 visits	36,644 visits	43,890 visits
CT & PET/CT	59,338 visits	58,626 visits	65,043 visits
MRI	10,717 visits	12,817 visits	15,323 visits
Nuclear Medicine/Spect/CT	14,378 visits	13,860 visits	12,924 visits
Outpatient Rehab	18,482 visits	12,162 visits	12,989 visits
Cardiac Rehabilitation	15,738 visits	15,528 visits	16,350 visits

Based upon the information submitted, the State Agency has found the applicants to be compliant with this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT UTILIZATION CRITERION (77 IAC 1110.234(b)).**

**C. Criterion 1110.234 (c) - Unfinished or Shell Space**

**Provide the following information:**

- Total gross square footage of the proposed shell space;**
- The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;**
- Evidence that the shell space is being constructed due to**
  - Requirements of governmental or certification agencies; or**
  - Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.**
- Provide:**
  - Historical utilization for the area for the latest five-year period for which data are available; and**
  - Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.**

The applicants attribute a severe shortage of space for the need to embark on a multi-year master facilities plan, involving the proposed project, the



planned construction of a patient tower, and the expansion of Advocate Hope Children's Hospital. The applicants propose to have 14,337 GSF of shell space in the proposed Ambulatory Pavilion. The applicants note the pre-existing spatial constraints in the current patient tower, and the need for the shell space in the proposed Ambulatory Pavilion, which will be used as a "staging area" during the planned construction of the new patient tower. The applicants anticipate the eventual transformation of the "staging space" into expanded space for its multidisciplinary institutes once the new tower is constructed and operational. The applicants have also identified 23,799 GSF of space that will be vacated upon completion of the Ambulatory Pavilion. Of this amount, 10,730 GSF is in a professional office building that is not owned by the medical center, and is currently being leased. This lease will be terminated, and the space returned to the landlord. The remaining 13,069 GSF of space is scattered on various levels of the existing buildings, and interspersed throughout patient areas. This vacated space does not have a designated use, and its eventual usage will be complementary to the Master Facilities Plan.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE UNFINISHED OR SHELL SPACE CRITERION (77 IAC 1110.234(c)).**

**D. Criterion 1110.234 (d) – Assurances**

**Submit the following:**

- 1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.**
- 2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and**
- 3. The anticipated date when the shell space will be completed and placed into operation.**

The applicants supplied written verification of its commitment to meet the requirements of said criterion (application, p.172). It appears the applicants are in compliance with the Assurances criterion.



**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ASSURANCES CRITERION (77 IAC 1110.234(d)).**

**IX 1110.3030 – Clinical Service Areas Other Than Categories of Service – Review Criteria**

- 1) These criteria are applicable only to those projects or components of projects (including major medical equipment), concerning Clinical Service Areas (CSAs) that are not "Categories of Service", but for which utilization standards are listed in Appendix B.**

Table Nine of the application lists the all clinical services at the proposed hospital, including those that are not identified as “Categories of Service”. The table identifies the number of rooms/units/stations, and square footage. Need establishment for those clinical service areas not identified as “Categories of Service” are defined below. The State Agency notes the applicants used historical utilization data from its Oak Lawn main campus the Center for Breast Health, Oak Lawn, and the Lockport Outpatient Center, Lockport. The applicants documented need for the following services through historical utilization (last three years, application pgs. 181 – 186), and current operational volume data (Table Ten), that drive the need for future space/rooms/services. The applicants also cite the aging population in the service area, and implications of National Health Care Reform, which project a 20%-30% expansion in outpatient service utilization. In this section, the applicants addressed a need to expand existing services, based on the utilization and patient volumes.

**1) Class C, Class B Surgery/Recovery**

The applicants note that surgical hours at ACMC/AHCH have increased significantly from 2008 to 2010. Table Ten lists the utilization data for Class C Surgery in the last three years. From these data, it is apparent that the utilization of surgical services is steadily increasing at the applicant's facilities, with no additional surgery rooms being added. Table Ten also illustrates a significant increase in outpatient surgical services. The applicants project a need for as many as 58 operating rooms by the year 2016 and expects the requested 40-room surgical service to operate above the State standard by the second year of operation (2016). Table Eleven



contains data that reflects an upswing in the utilization of Class B (Endoscopy) Surgery. Like Table Ten, Table Eleven illustrates a gradual increase in utilization of its Class B surgery service, while the number of rooms dedicated to these procedures has not changed. The applicants identified an operational need for 14 to 15 procedure rooms by 2016. The applicants are requesting 11 rooms; with 3 rooms in the hospital and 8 will be in the Ambulatory Pavilion. The applicants expect to be operating in excess of the Standard by the second year of operation (2016). The State Agency finds the proposal to modernize and increase the number of surgical suites, procedure rooms and corresponding Phase I and II recovery stations in the planned outpatient pavilion is justified.

TABLE ELEVEN Historical Utilization of Class C Surgery at ACMC/AHCH				
Year	2008	2009	2010	Percent Change
IP Hours	24,221	31,898	34,118	40.9%
OP Hours	10,832	15,416	16,416	+51.6%
Total Hours	35,053	47,314	50,534	+44.2%
Percent OP Hours	30.9%	32.6%	32.5%	+1.6%
# of OR Rooms	26	26	26	0%
Hours Per Room	1,349	1,820	1,944	+44.1%
% over State Standard		21.3%	29.6%	

TABLE TWELVE Historical Utilization of Class B Surgery (Endoscopy) at ACMC/AHCH				
Year	2008	2009	2010	Percent Change
IP Hours	3,884	3,827	4,305	+10.8%
OP Hours	7,450	7,447	8,968	+20.4%
Total Hours	11,334	11,274	13,273	+17.1%
Percent OP Hours	65.7%	66.1%	67.6%	+1.9%
# of OR Rooms	5	5	5	0%
Hours Per Room	2,267	2,255	2,655	+17.1%
% over State Standard	51.1%	50.3%	77.0%	+25.9%

## 2) Central Sterile Processing and Supply





The State Agency notes no utilization/size standards exist for the establishment of Central Sterile Supply. The applicants note the proposed central sterile supply service will not replace an aged or deteriorated service, but will be a new facility for the proposed ambulatory pavilion. The applicants propose to have 40 Class C, 11 Class B surgery suites that are anticipated to serve 100 surgery/endoscopy patients daily by 2016. Based on the projected utilization figures for Class C and B surgery services, it appears the applicants have identified the need to establish its own central sterile supply service.

3) **Cast Room**

While no utilization standards exist for this service, the applicants justify the need for its establishment, based on a current volume that justifies 3 cast rooms and a predicted need for 4 cast rooms by 2019, the fifth year after project completion. The applicants propose to have two cast room, one for outpatient adult and pediatric patients using the ambulatory pavilion, and needing a cast as follow-up from a procedure performed at the proposed ambulatory pavilion. The applicants note the second cast room currently exists in the Emergency Department, and will continue to function in that location.

4) **Congestive Heart Failure (CHF) Clinic**

The applicants report a 12.9% increase in utilization at its Congestive Heart Failure (CHF) Clinic between 2008 and 2010. The CHF Clinic currently has 9 treatment stations. Although the projected need is for 19 treatment stations by the year 2016, the applicants are requesting 15 stations. The CHF Clinic will be located in The Heart & Vascular Institute (6<sup>th</sup> floor) of the Ambulatory Pavilion.

5) **Fetal Diagnostics**

The applicants report a 9.3% increase in the utilization of its Fetal Diagnostics service, which traditionally, is performed as an outpatient procedure. The applicants supplied projected utilization data that supports the need for 15 treatment stations by 2019. The applicants are requesting 10 rooms/stations for this service, and expect it to be operating in excess of its capacity by its second full year of utilization.





6) **Infusion Center**

The applicants report a 40% increase in the utilization of the Infusion Center between 2008 and 2010. The Infusion Center will be part of the Cancer Institute. The applicants' projected utilization data supports the need for 38 infusion treatment chairs by 2016, the second full year of operation. The applicants are requesting 24 treatment chairs because the new area has been designed to be more efficient than the current area and to allow better utilization of the treatment chairs; further, the Institute expects to operate at more than the State's target occupancy of 80%.

7) **Neurodiagnostics**

Neurodiagnostics include modalities used to diagnose neurological disorders, including sleep disorders. At the completion of the project, some EEG and EMG equipment for inpatient studies as well as the Sleep Disorders Center will remain in the hospital, while additional EEG and EMG equipment will be part of the Neuroscience Institute in the Ambulatory Pavilion. The applicants supplied projected utilization data that supports the need for 6 rooms by 2016. Of the six, four EEG/EMG rooms will be in The Neuroscience Institute; the other two EEG/EMG rooms will remain in the hospital. The applicants expect the proposed service to be operating at capacity by 2016, its second full year of operation.

8) **Non-Invasive Cardiology**

The applicants report increased patient volumes for all Non-Invasive Cardiology services at APMC. The applicants assessed the current non-invasive cardiology volume in an effort to determine who would continue to use its inpatient facility and who would use the proposed non-invasive cardiology service in the Ambulatory Pavilion. The applicants supplied projected utilization data for its facility that supports the need for 8-9 units in the Ambulatory Pavilion. The applicants are requesting 2 Echo units, 2 Stress testing units, and 2 EKG monitors, for a total of 6 units. The applicants expect the proposed service to be operating in excess of the State Standard by 2016, its second full year of utilization.



9) **Pain Management Center**

Currently, the applicants report a 11.4% decrease in the utilization of its Pain Management Center between the years 2008 and 2010. Pain Management modalities are usually administered through a series of injections, creating a need for "injection facilities". The applicants supplied current and projected utilization data for its facility that supports the need for 3 injection rooms by 2016, the second year of operation. In this application, the applicants are requesting 1 injection room. The applicants expect the proposed service to be operating in excess of its capacity by 2016, its second full year of utilization.

10) **Pre-Admission Testing**

The applicants have discovered that pre-admission testing is an effective tool for shortening the length of stay for elective inpatients and expediting the care of many outpatients. In the previous years of utilization (2008-2010), the applicants report a 13% increase in usage by both inpatient and outpatient populations. The applicants supplied projected utilization data for its facility that supports the need for 3 pre-admission testing rooms by 2016, the second year of operation. For the purpose of this project the applicants are requesting 1 pre-admission testing room, and expect the proposed service to be operating in excess of its capacity by 2016, its second full year of utilization.

11) **Pulmonary Function Lab**

The Pulmonary Function Lab has been instrumental in the measurement of pulmonary function for both pediatric and adult inpatients/outpatients, and the diagnostics associated with pulmonary-based pathology. In the previous years of utilization (2008-2010), the applicants report a 20.6% decrease in usage by its inpatient and a 7.6% increase in utilization by its outpatient population. Based on these data, the applicants propose to relocate this service to the ambulatory pavilion. The applicants supplied projected utilization data for its facility that supports the need for 2 pulmonary function labs by 2016, the second year of operation. For the purpose of this project the applicants are requesting 2 pulmonary function labs, and expect the proposed service to be operating in compliance with State clinical capacity by 2016, its second full year of utilization.

**12) Imaging**

The applicants report having imaging equipment in 3 locations- the campus in Oak Lawn, the Outpatient Center in Lockport, and the Center for Breast Health. The applicants propose to maintain these services in their respective locations, and establish services in the Ambulatory Pavilion as well. The applicants have identified six modalities under this category of service (see below), and supplied data justifying its expansion and establishment in the proposed Ambulatory Pavilion.

**a. General Radiology/Fluoroscopy**

In the previous years of utilization (2008-2010), the applicants report a 4% increase overall in the number of procedures performed for both inpatient and outpatient populations. The applicants supplied projected utilization data for its facility that supports the need for 25 units across all four buildings by 2016, the second year of operation. For the purpose of this project the applicants are requesting 18 general radiology/fluoroscopy units, 9 in the hospital, 1 in the Hope Pavilion, 7 in the Ambulatory Pavilion, and 1 in the Lockport facility. The applicants expect the proposed service to be operating in excess of its capacity by 2016, its second full year of utilization.

**b. Mammography**

The applicants note Breast Cancer is a major focus of the Cancer Institute at ACMC/AHCH. The applicants report the diagnosis of Breast Cancer among its cancer patients is higher than the national average. The applicants propose to replace one current mammography unit that has deteriorated, and will be 9 years old at the time of project completion. The applicants supplied utilization data to justify the establishment of 6 mammography suites, but for the purpose of this project the applicants are requesting 5 mammography units, 4 at the hospital, and 1 at the Ambulatory Pavilion. The applicants note the establishment of the one Mammography unit in the Outpatient Pavilion is in regard patient safety/access issues, and expect the proposed service to be operating in excess of its capacity by 2016, its second full year of utilization.



c. **Ultrasound**

In the previous years of utilization, (2008-2010), the applicants reported a 17.4% increase overall in the number of procedures for both inpatient and outpatient populations. There will be no change in the number of units at the Breast Health Center or Lockport Outpatient Center. The applicants supplied projected utilization data that supports the need for 16 ultrasound units on campus by 2016, the second year of operation. The applicants are requesting 15 ultrasound units; of these, there will be the 8 existing units in the hospital and 7 additional units in the Ambulatory Pavilion. The State standard for Ultrasound units is 3,100 visits per unit. The applicants have justified volume to meet this Standard.

d. **CT & PET/CT**

Computerized tomography (CT), and Positron Emission Tomography (PET) are essential imaging modalities at the ACMC/AHCH facilities. In the previous years of utilization (2008-2010), the applicants report a 5.7% increase overall in the number of procedures performed for both inpatient and outpatient populations. The applicants supplied projected utilization data for its facility that supports the need for 10 units across all four buildings by 2016, the second year of operation. For the purpose of this project the applicants are requesting 10 CT/PET scanner units, 5 in the hospital, 4 in the Ambulatory Pavilion, and 1 in the Lockport facility. The applicants expect the proposed service to be operating in excess of its capacity by 2016, its second full year of utilization.

e. **MRI**

Magnetic Resonance Imaging (MRI) is a highly utilized imaging modality at the ACMC/AHCH facility, and in January 2010, contacted for the provision of said services from a mobile unit to supplement the existing 3 fixed units on the campus. In the previous years of utilization (2008-2010), the applicants report a



6.1% increase overall in the number of procedures performed by the fixed units on campus, and anticipate the utilization to increase significantly over the next decade. The applicants supplied projected utilization data for its facilities that supports the need for 6 MRI units. For the purpose of this project the applicants are requesting 6 MRI units, 2 in the hospital, 3 in the Ambulatory Pavilion, and 1 in the Lockport facility. The applicants expect the proposed service to be operating in excess of its capacity by 2016, its second full year of utilization.

f. **Nuclear Medicine**

The applicants note the proposed project will not result in replacement facilities, but that two of the existing nuclear medicine units are obsolete and will be retired upon project completion. All of the nuclear medicine units are on the medical center campus. The applicants supplied projected utilization data that supports the need for 7 units by 2016, the second year of operation. At the completion of the proposed project, the applicants propose to have 7 nuclear medicine units; these will include 3 existing Gamma SPECT cameras in the hospital as well as 3 additional Gamma SPECT cameras and 1 Gamma SPECT/CT camera in the Ambulatory Pavilion. The State standard for nuclear medicine is 2,000 visits per unit. The applicants will meet this standard by the second full year of utilization.

g. **Laboratory**

The applicants note that overall utilization of Laboratory facilities has decreased by 2.5% in the previous years of utilization (2008-2010). However, the applicants report a 0.9% increase overall in the number of procedures performed for outpatient populations. The applicants supplied historical utilization data for its outpatient Laboratory service that supports the need for 12 specimen collection stations in the Ambulatory Pavilion, and the applicants propose to establish 12 stations on the first floor of the Ambulatory Pavilion. The applicants expect the proposed service to be operating at capacity by 2016, its second full year of utilization.

h. **Pharmacy**



The applicants note the proposed Pharmacy service will not replace deteriorated facilities or equipment, but offer increased access for outpatients at the proposed Ambulatory Pavilion. The new Pharmacy will be located adjacent to the Infusion Unit, allowing for streamlined chemotherapeutic services for its oncology patients. The applicants supplied projected utilization data for its service that predicts a 101.9% increase in Pharmacy utilization by 2016, the second year of operation, and anticipate to be operating at full capacity by this time.

i. **Outpatient Rehab**

The applicants note that the proposed outpatient rehabilitation service will not replace deteriorated facilities or equipment, but will provide the space to improve access for outpatients requiring rehabilitation services in the proposed Ambulatory Pavilion. Between 2008 and 2009, outpatient rehabilitation at the medical center remained flat because of a severe shortage of space, while volume at the Medical Centers' outpatient centers increased. The applicants supplied projected utilization data to justify 16 outpatient rehabilitation rooms consisting of 4 private therapy rooms, 3 PT rooms, 3 OT rooms, 4 speech/language rooms, 1 pediatric sensory room, and 1 audiology room. These rooms will accommodate expanded services for many patients including stroke patients (speech therapy), cancer patients (lymphedema care), evaluation for PT and OT, pediatric patients with sensory disorders, and pediatric patients requiring swallowing evaluation and therapy. The applicants expect to be operating at full capacity by 2016, the second full year of operation.

j. **Cardiac Rehab**

The applicants note the proposed Cardiac Rehabilitation service will not replace deteriorated facilities or equipment, but offer relief for a well-utilized and undersized inpatient facility, and increased access for outpatients at the proposed Ambulatory Pavilion. The applicants report a 6.6% decrease in utilization of its inpatient facility, and a 2.6% increase at its outpatient facility for the years 2008-2010. The applicants supplied projected utilization data for its service that predicts a 10.4% increase in outpatient Cardiac Rehab





utilization by 2016, the second year of operation, and justify the establishment of 9 Cardiac Rehab rooms. The applicants propose to establish one large gym capable of supporting 15 pieces of exercise equipment, and anticipate to be operating at full capacity by 2016, the second full year of operation.

**k. Institutes/Physicians Offices/Shell Space**

The applicants note the Ambulatory Pavilion will be home to three major institutes, where physicians will be supported by multidisciplinary professionals to provide diagnosis and treatment. These are: The Heart & Vascular Institute, The Neuroscience Institute, and The Cancer Institute. A fourth service, The Women's Center, will be located in the Ambulatory Pavilion as well, and each will require its own clinical and office spaces. In addition to these listed spaces, the applicants also account for the following non-clinical space:

- Lobby/Public Areas
- Resource Center
- Winter Garden
- Registration and Financial Counseling
- Administration
- Research & Education
- Electronic Medical Record Support
- Materials & Environmental Services
- Circulation/Connectors/Pneumatic Tube
- Lobby Café
- Retail Pharmacy
- Mechanical & Interstitial Space

The applicants mentioned Shell Space in this section, which is to be used as staging for the relocation of various clinical services during later projects. These criteria are reviewed on Page 14 of this State Agency Report.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE CRITERION (77 IAC 1110.3030).**





**VIII. 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
  - 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
  - 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
- b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);
- c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
- d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
  - 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
  - 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
  - 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time



indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;

- 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
- e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
- f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
- g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.

The total estimated project cost is \$202,301,558 and the applicants will fund the project through cash and securities totaling \$66,918,722, and a bond issuance totaling \$135,382,836. The applicants also provided proof of its A-Bond Rating from Fitch's and Standard Poor's Rating Services. (application, pgs. 327,330). Therefore the applicant is exempt from this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.120)**

**XI. 1120.130 - Financial Viability**

- a) Financial Viability Waiver  
The applicant is NOT required to submit financial viability ratios if:
  - 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or

**HFSRB NOTE: Documentation of internal resources availability**



shall be available as of the date the application is deemed complete.

- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or

HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.

- 3) the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

b) **Viability Ratios**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and
- 4) Changes in financial position.

HFSRB NOTE: To develop the above ratios, facilities shall use and submit audited financial statements. If audited financial statements are



not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

**c) Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

The total estimated project cost is \$202,301,558 and the applicants will fund the project through cash and securities totaling \$66,918,722, and a bond issuance totaling \$135,382,836. The applicants also provided proof of its A-Bond Rating from Fitch's and Standard Poor's Rating Services. (application, pgs. 327,330). Therefore the applicant is exempt from this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO MEET THE REQUIREMENTS OF THE FINANCIAL VIABILITY CRITERION (77 IAC 1120.130)**

**C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs**

The applicant shall document that the estimated project costs are reasonable and shall document compliance with the following:

- 1) Preplanning costs shall not exceed the standards detailed in Appendix A of this Part.**
- 2) Total costs for site survey, soil investigation fees and site preparation shall not exceed the standards detailed in Appendix A unless the applicant documents site constraints or complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.**
- 3) Construction and modernization costs per square foot shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities**



and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

**HFSRB NOTE:** Construction and modernization costs (i.e., all costs contained in construction and modernization contracts) plus contingencies shall be evaluated for conformance with the standards detailed in Appendix A.

- 4) Contingencies (stated as a percentage of construction costs for the project's stage of architectural development) shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.

**HFSRB NOTE:** Contingencies shall be limited in use for construction or modernization (line item) costs only and shall be included in construction and modernization cost per square foot calculations and evaluated for conformance with the standards detailed in Appendix A. If, subsequent to permit issuance, contingencies are proposed to be used for other component (line item) costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by HFSRB prior to that use.

- 5) New construction or modernization fees and architectural/engineering fees shall not exceed the fee schedule standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.
- 6) The costs of all capitalized equipment not included in construction contracts shall not exceed the standards for equipment as detailed in Appendix A unless the applicant documents the need for additional or specialized equipment due to the scope or complexities of the services to be provided. As documentation, the applicant must provide evidence that the costs are similar to or consistent with other projects of similar scope and complexity, and attest that the equipment will be



acquired at the lowest net cost available, or that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

- 7) Building acquisition, net interest expense, and other estimated costs shall not exceed the standards detailed in Appendix A. If Appendix A does not specify a standard for the cost component, the applicant shall provide documentation that the costs are consistent with industry norms based upon a comparison with previously approved projects of similar scope and complexity.
- 8) **Cost Complexity Index (to be applied to hospitals only)**  
The mix of service areas for new construction and modernization will be adjusted by the table of cost complexity index detailed in Appendix A.

The State Agency notes the cost identified below are for clinical expenses only, and the appropriate complexity ratio was applied to the Means cost standard.

**Preplanning Costs** – These costs total \$862,500 or less than 1% of construction, contingency, and equipment costs. This appears reasonable compared to the State standard of 1.8%.

**Site Survey/Site Preparation Costs** – These costs total \$701,500 or 1.1% construction and contingency costs. This appears to be reasonable compared to the State Standard of 5%.

**Off-Site Work** – These costs total \$2,200,150. The State Board does not have a standard for these costs.

**New Construction and Contingencies** – This cost is \$62,895,323 or \$407.07 per GSF. This appears reasonable when compared to the adjusted State Board standard of \$429.81 per GSF.

**Contingencies** – This cost is \$5,381,600 or 9.3% of new construction costs. This appears reasonable when compared to the State Board standard of 10% for new construction.

**Architectural and Engineering Fees** – This cost is \$2,873,360 or 4.5% of





construction and contingency costs. This appears reasonable when compared to the State Board standard of 4.86% - 7.30%.

**Consulting and Other Fees** – These costs total \$2,673,048. The State Board does not have a standard for this cost.

**Moveable Equipment** – These costs total \$48,000,000. The State Board does not have an applicable standard for this criterion in relation to hospitals.

**Bond Issuance Expense** – These costs total \$1,184,600. The State Board does not have a standard for this cost.

**Net Interest Expense During Construction** – These costs total \$7,892,946. The State Board does not have a standard for this cost.

**Other Costs to be Capitalized** – These costs total \$6,328,560. The State Board does not have a standard for this cost.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140 (c)).**

**D) Criterion 1120.140 (d) - Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

The applicant projects \$92.83 as the projected operating cost per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT DIRECT OPERATING COSTS CRITERION (77 IAC 1120.140 (d)).**

**E) Criterion 1120.140 (e) - Total Effect of the Project on Capital Costs**





**The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.**

The applicant projects \$68.97 as the capital cost per patient day for the first year of operation. The State Board does not have a standard for this cost.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140 (e)).**

# 11-019 Advocate Christ Medical Center - Oak Lawn



Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Kenneth Lukhard		White	55.2%	Hispanic or Latino:	8.2%
ADMINSTRATOR PHONE	(708) 684-5010		Black	31.5%	Not Hispanic or Latino:	79.3%
OWNERSHIP:	Advocate Health and Hospital Corporation		American Indian	0.1%	Unknown:	12.5%
OPERATOR:	Advocate Health and Hospital Corporation		Asian	0.7%		
MANAGEMENT:	Church-Related		Hawaiian/ Pacific	0.0%	IDPH Number:	0315
CERTIFICATION:	None		Unknown:	12.5%	HPA	A-04
FACILITY DESIGNATION:	General Hospital				HSA	7
ADDRESS	4440 West 95th Street	CITY: Oak lawn	COUNTY:	Suburban Cook County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	378	376	376	24,287	118,935	2,627	5.0	333.0	88.1	88.6
0-14 Years				0	0					
15-44 Years				3,990	22,676					
45-64 Years				7,628	38,265					
65-74 Years				4,823	23,732					
75 Years +				7,846	34,262					
Pediatric	45	45	45	3,832	13,201	1,131	3.7	39.3	87.3	87.3
Intensive Care	103	103	103	6,366	33,646	14	5.3	92.2	89.5	89.5
Direct Admission				4,817	25,460					
Transfers				1,549	8,186					
Obstetric/Gynecology	39	39	39	4,521	11,778	75	2.6	32.5	83.3	83.3
Maternity				3,979	10,432					
Clean Gynecology				542	1,346					
Neonatal	37	37	37	644	13,034	0	20.2	35.7	96.5	96.5
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	56	46	46	1,642	10,287	0	6.3	28.2	50.3	61.3
Rehabilitation	37	37	37	857	12,096	0	14.1	33.1	89.6	89.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	15					1556				
Facility Utilization	695			40,600	212,977	5,403	5.4	598.3	86.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	35.4%	19.6%	0.0%	40.3%	3.8%	0.9%	
Inpatients	14357	7969	0	16353	1561	360	40,600
	20.5%	21.7%	0.0%	49.7%	7.8%	0.3%	
Outpatients	72286	76306	0	174836	27516	1069	352,013

  

Financial Year Reported:	1/1/2009 to	12/31/2009	Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue ( \$ )	31.5%	11.4%	0.0%	45.2%	11.9%	100.0%			9,129,000
	208,219,465	75,262,244	0	299,184,247	78,934,547	661,600,503	7,731,100		
Outpatient Revenue ( \$ )	13.0%	2.8%	0.0%	68.6%	15.6%	100.0%			
	27,348,075	5,823,286	0	143,930,621	32,775,515	209,877,497	1,397,900		Totals: Charity Care as % of Net Revenue
									1.0%

Birthing Data			Newborn Nursery Utilization			Organ Transplantation		
Number of Total Births:	4,257		Level 1 Patient Days	8,843		Kidney:		0
Number of Live Births:	4,198		Level 2 Patient Days	0		Heart:		5
Birthing Rooms:	0		Level 2+ Patient Days	3,242		Lung:		0
Labor Rooms:	0		Total Nursery Patientdays	12,085		Heart/Lung:		0
Delivery Rooms:	0					Pancreas:		0
Labor-Delivery-Recovery Rooms:	15					Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:		5
C-Section Rooms:	3							
CSections Performed:	1523							

\* Note: On 12/1/2009 received permit to establish kidney transplant service. In May 2009, a Central Decision Unit (CDU) was added with 15 dedicated observation beds, accounting for 1,556 observation days.

**Surgery and Operating Room Utilization**

<b>Surgical Specialty</b>	<b>Operating Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	4	4	3305	549	11721	1222	12943	3.5	2.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	3	3	1974	2117	4537	3166	7703	2.3	1.5
Gastroenterology	0	0	2	2	11	0	16	0	16	1.5	0.0
Neurology	0	0	1	1	700	75	2560	141	2701	3.7	1.9
OB/Gynecology	0	0	2	2	682	1062	1988	1612	3600	2.9	1.5
Oral/Maxillofacial	0	0	1	1	68	63	158	124	282	2.3	2.0
Ophthalmology	0	0	1	1	60	1345	116	1889	2005	1.9	1.4
Orthopedic	0	0	5	5	2520	1684	6978	3154	10132	2.8	1.9
Otolaryngology	0	0	1	1	160	696	259	885	1144	1.6	1.3
Plastic Surgery	0	0	2	2	432	777	1119	1243	2362	2.6	1.6
Podiatry	0	0	0	0	48	48	99	104	203	2.1	2.2
Thoracic	0	0	2	2	498	289	1200	489	1689	2.4	1.7
Urology	0	0	2	2	457	765	1147	1387	2534	2.5	1.8
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>26</b>	<b>26</b>	<b>10915</b>	<b>9470</b>	<b>31898</b>	<b>15416</b>	<b>47314</b>	<b>2.9</b>	<b>1.6</b>

**SURGICAL RECOVERY STATIONS**

Stage 1 Recovery Stations

19

Stage 2 Recovery Stations

0

**Dedicated and Non-Dedicated Procedure Room Utilization**

<b>Procedure Type</b>	<b>Procedure Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
<b>Gastrointestinal</b>	0	0	5	5	4447	8947	3827	7447	11274	0.9	0.8
<b>Laser Eye Procedures</b>	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Pain Management</b>	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Cystoscopy</b>	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Multipurpose Non-Dedicated Rooms</b>											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

**Cardiac Catheterization Labs**

Total Cath Labs (Dedicated+Nondedicated labs):	6
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	2

**Emergency/Trauma Care**

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>	
Level of Trauma Service	<b>Level 1</b>	<b>Level 2</b>
	Adult	- - -
Operating Rooms Dedicated for Trauma Care		1
Number of Trauma Visits:		2,544
Patients Admitted from Trauma		992
Emergency Service Type:	Comprehensive	
Number of Emergency Room Stations		50
Persons Treated by Emergency Services:		83,584
Patients Admitted from Emergency:		21,219
Total ED Visits (Emergency+Trauma):		<b>86,128</b>

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	4,784
Diagnostic Catheterizations (0-14)	118
Diagnostic Catheterizations (15+)	2,847
Interventional Catheterizations (0-14):	186
Interventional Catheterization (15+)	1,160
EP Catheterizations (15+)	377

**Cardiac Surgery Data**

Total Cardiac Surgery Cases:	1,325
Pediatric (0 - 14 Years):	443
Adult (15 Years and Older):	882
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	497

**Outpatient Service Data**

Total Outpatient Visits	352,013
Outpatient Visits at the Hospital/ Campus:	303,512
Outpatient Visits Offsite/off campus	48,501

**Diagnostic/Interventional Equipment****Examinations****Radiation Equipment****Therapies/****Owned Contract Inpatient Outpatient****Owned Contract Treatments**

General Radiography/Fluoroscopy	10	0	90,277	65,008	Lithotripsy	0	0	0
Nuclear Medicine	5	0	6,016	5,187	Linear Accelerator	0	2	12,095
Mammography	0	4	0	17,788	Image Guided Rad Therapy	0	0	0
Ultrasound	8	0	14,391	22,803	Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	2	0	8,134	4,503	High Dose Brachytherapy	1	0	237
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	5	0	27,914	31,424	Cyber knife	1	0	366
Magnetic Resonance Imaging	2	0	4,716	6,001				